

WORK RELATED ASTHMA: FOLLOW-UP WORKER QUESTIONNAIRE

Confirm worker's address, date of birth, and employer at the time of claim filing/provider report (see text box on the cover sheet), and list the employer below.

Employer: _____

WORKPLACE QUESTIONS

Reminder: All questions about the employer, work, or workplace refer to the employer at the time of claim filing/provider report.

First, I'd like to ask you a few questions about your employer.

3. Are you still employed there? _____

4. What does the company do or manufacture?

5. When did you start working for this employer? __/__/____, or age _____

6. What was your job title or occupation when your asthma symptoms first began?

7. When did you start working in that job title/occupation? __/__/____, or age _____

8. What are your regular job tasks?

9. Do you normally wear personal protective equipment, such as a respirator, while at work? ☐Yes ☐No ☐Sometimes

10. Approximately how many other workers do similar tasks and have similar exposures to you? _____

10a. Of these workers, do any have similar symptoms as you?

☐Yes ☐No ☐Unknown

10b. **If YES**, approximately how many? _____

ASTHMA HISTORY

Next, I'd like to ask you some questions about your medical history:

11. When did a health care provider first diagnose you with asthma?

___/___/___, or age ____, or ☐Unknown

12. When did your asthma symptoms at work begin?

___/___/___, or age ____, or ☐Unknown

13. Did you ever suffer from asthma symptoms before you started working for your employer? ☐Yes ☐No

If NO, this is a case of new onset asthma (NOA). Go to question number 14.

13a. **If YES**, did you have any asthma symptoms or use any asthma medications during the two years prior to working for your employer? ☐Yes ☐No

13b(1): **If YES**, did you experience an increase in symptoms when you started working with your employer? ☐Yes ☐No

13b(2): Did you experience an increase in the use of your asthma medications when you started working with your employer? ☐Yes ☐No

If YES, this is a case of work-aggravated asthma (WAA).

If NO to question 13a, this is a case of NOA.

14. When you first started having asthma symptoms at work, did they start after a spill, leak, fire, or some other workplace accident? ☐Yes ☐No

If NO, go to question 15.

14a. **If YES**, how soon after the incident did your asthma symptoms start?

☐12 hours or less ☐12-24 hours ☐more than 1 day, specify _____

14b. After this incident, did your asthma symptoms ever go away completely

☐Yes ☐No

14c. **If YES**, did your symptoms last less than 3 months? ☐Yes ☐No

15. Please describe the situation that you think caused your asthma at your current workplace. **(Make sure you obtain a detailed description of the task/situation, including listing any chemicals used or new processes/chemicals)**

16. Are you still exposed to the substance(s) or situation that you think caused your asthma? ☐ Yes ☐ No ☐ Unknown

16a. **If NO**, why not?

- ☐ No longer employed there
- ☐ Reassigned to another job with same employer
- ☐ Chemical substituted
- ☐ New ventilation system
- ☐ New respirators/face mask
- ☐ Out on compensation
- ☐ Refused
- ☐ Unknown
- ☐ Other, specify _____

SYMPTOM PATTERN

Next, I'd like to ask you a few questions about your asthma symptoms.

Which of the following asthma symptoms have you experienced due to your work exposure:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| 17a. Wheeze? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17b. Cough? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17c. Chest Tightness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17d. Shortness of Breath? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17e. Other, specify _____ | | |

Do your asthma symptoms worsen:

- | | | | |
|------------------------------|------------------------------|-----------------------------|----------------------------------|
| 18a. During certain seasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 18b. At night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 18c. Upon physical exertion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

- 18d. During the work day? ☐ Yes ☐ No ☐ Unknown
18e. On Mondays (or first day back to work) ☐ Yes ☐ No ☐ Unknown
18f. At home after work? ☐ Yes ☐ No ☐ Unknown
18g. Throughout the workweek? ☐ Yes ☐ No ☐ Unknown
18h. Other, specify _____

19. Do your symptoms improve when you are away from work (e.g., weekends, vacations)? ☐ Yes ☐ No

20. Did your doctor do any breathing tests to diagnose your asthma?
☐ Yes ☐ No ☐ Unknown

FAMILY HISTORY AND MEDICAL HISTORY

Next, I'd like to ask you a few questions about your family history and other possible causes of your asthma symptoms.

21. Have other members of your immediate family ever been told by a doctor that they have hay fever, asthma, eczema, or skin allergies? ☐ Yes ☐ No ☐ Unknown

21a. **If YES**, please describe: _____

22. Have you ever been told by a doctor that you have hay fever, eczema, skin allergies or other allergies? ☐ Yes ☐ No

22a. **If YES**, please describe: _____

23. Has a health care provider ever diagnosed you with any of the following?

23a: Chronic obstructive pulmonary disease or COPD? ☐ Yes ☐ No

If YES, when: __/__/__

23b: Chronic bronchitis? ☐ Yes ☐ No

If YES, do you cough? ☐ Yes ☐ No

If YES, do you cough up mucous? ☐ Yes ☐ No

If YES, have you coughed up mucous for more than three months in a row or more during any one year? ☐ Yes ☐ No

23c: Acid reflux or heartburn? ☐ Yes ☐ No

23d: Vocal cord dysfunction? ☐ Yes ☐ No

23e: Aspirin sensitivity? ☐ Yes ☐ No

If YES, do you have nasal polyps? ☐ Yes ☐ No

23f: Congestive Heart Failure? ☐ Yes ☐ No

23g: Post-nasal drip? ☐ Yes ☐ No

23h: Other respiratory problems? ☐ Yes ☐ No

If YES, please describe: _____

24. Do you have pets in your house? ☐ Yes ☐ No

25. Have you smoked at least 100 cigarettes in your life? ☐ Yes ☐ No
(If NO, skip to Employer Contact Consent)

25a. If YES, are you a current smoker? ☐ Yes ☐ No

25b. If NO, how old were you when you quit ? _____

25c. How old were you when you started smoking on a regular basis? _____

Finally, we're interested in finding out if there are any differences in work-related asthma occurrence among people of different races and ethnicities or among individuals of different socioeconomic position. So, we have just a few questions about that.

26. What is the highest grade of school you completed?

- ☐ Never attended school, or only kindergarten
- ☐ Grades 1-8 (Elementary)
- ☐ Grades 9-11 (Some high school)
- ☐ Grade 12 or GED (High school graduate)
- ☐ College 1 year to 3 years (Some college or technical school)
- ☐ College 4 years or more (College graduate)
- ☐ Refused

27. What is your annual household income from all sources?

Note: If worker cannot work now, find out what the family income was while he/she was still regularly employed.

- ☐ Less than \$10,000
- ☐ \$10,000 to less than \$15,000
- ☐ \$15,000 to less than \$20,000
- ☐ \$20,000 to less than \$25,000
- ☐ \$25,000 to less than \$35,000
- ☐ \$35,000 to less than \$50,000
- ☐ \$50,000 to less than \$75,000
- ☐ \$75,000 or more
- ☐ Don't know/Not sure
- ☐ Refused

28. What race are you?

- ☐ American Indian, Alaskan Native
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other
- ☐ Refused

29. Are you of Hispanic origin? ☐ Yes ☐ No

EMPLOYER CONTACT CONSENT

I just have one final question for you.

30. After reviewing your responses, we may determine that it would be important to contact your employer to ensure no other employees will become sick. We would never reveal your name to your employer. Do we have your permission to contact your employer? ☐ Yes ☐ No

30a. **IF YES**, Where is your employer located (city and state)?

30b. What is your employer's telephone number? _____

30c. **IF NO**, what are your concerns with our contacting your employer?

Thank you so much for your time and assistance with this questionnaire. Have a nice day. Goodbye.